

**AUTHORITY:** Section 99A of the State School Aid Act.

**COMPLETION:** Voluntary. (Consideration for funding will not be possible if form is not filed.)

## STATE USE ONLY

Date Received

Project Number

## TEEN HEALTH CENTER FUNDING FOR FISCAL YEAR 2002-2003

### PART A

<b>APPLICANT</b>	Legal Name of Applicant	Federal ID Number	Telephone (Area Code)
	Address	City	Zip Code
<b>CONTACT PERSON</b>	Name of Contact Person	Telephone (Area Code)	Fax Number (Area Code)
	Address	City	Zip Code
	E-Mail		
<b>PROJECT DIRECTOR/ COORDINATOR</b>	Legal Name of Agency/District	Telephone Number (Area Code/Local Number)	
	Name of Contact Person	E-Mail	
	Site		

**1. FUNDING STRATEGY**--Identify the type of program the applicant requests funds for (clinical or non-clinical), and the amount of funds requested (select only one).

- ☐ **Clinical Teen Health Center Model**
- \_\_\_\_\_ Less than 1,000 unduplicated users (\$125,000)
- \_\_\_\_\_ 1,000 - 2,000 unduplicated users (\$150,000)
- \_\_\_\_\_ Over 2,000 unduplicated users (\$175,000)

- ☐ **Non-Clinical Teen Health Center Model:** Awards will be made with a maximum allocation of \$80,000. The amount of funding proposed must be based on a reasonable justification of expenses.

**2. SERVICE AREA**--Identify the service/target area(s) the requested funds will service: \_\_\_\_\_

\_\_\_\_\_ (school district, county, city, metropolitan area, etc.)

### PART B

**ASSURANCES AND CERTIFICATION:** By signing this assurances and certification statement, the applicant certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications on pages 1a and 1b, and will comply with all state and federal regulations and requirements pertaining to this program. The applicant certifies further that the information submitted on this application is true and correct.

DATE \_\_\_\_\_ SUPERINTENDENT OR  
AUTHORIZED OFFICIAL \_\_\_\_\_

SIGNATURE

TYPED NAME/TITLE \_\_\_\_\_

**MAILING INSTRUCTIONS:** The ORIGINAL and FOUR (4) copies of this application must be POSTMARKED by AUGUST 30, 2002 at the STATE address indicated above. (*Hand-delivered, e-mailed, and faxed applications will not be accepted.*)

# ASSURANCES AND CERTIFICATIONS

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(Page 1a)

## -- STATE PROGRAMS --

**INSTRUCTIONS:** Please attach ALL assurances to the application.

### Assurance Concerning Materials Developed with Funds Awarded Under this Grant

The grantee assures that the following statement will be included on any publication or project materials developed with funds awarded under this program, including reports, films, brochures, and flyers: "These materials were developed under a grant awarded by the Michigan Department of Education."

### Certification Regarding Nondiscrimination Under Federally and State Assisted Programs

The applicant hereby agrees that it will comply with all federal and Michigan laws and regulations prohibiting discrimination and, in accordance therewith, no person, on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education or the Michigan Department of Education.

### Certification Regarding Title II of the Americans with Disabilities Act (ADA), P.L. 101-336, State and Local Government Services (for Title II applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities and services of public entities. Title II requires that "No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by such entity." In accordance with Title II ADA provisions, the applicant has conducted a review of its employment and program/service delivery processes and has developed solutions to correcting barriers identified in the review.

### Certification Regarding Title III of the Americans with Disabilities Act (ADA), P.L. 101-336, Public Accommodations and Commercial Facilities (for Title III applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title III of the ADA covers public accommodations (private entities that affect commerce, such as museums, libraries, private schools and day care centers) and only addresses existing facilities and readily achievable barrier removal. In accordance with Title III provisions, the applicant has taken the necessary action to ensure that individuals with a disability are provided full and equal access to the goods, services, facilities, privileges, advantages, or accommodations offered by the applicant. In addition, a Title III entity, upon receiving a grant from the Michigan Department of Education, is required to meet the higher standards (i.e., program accessibility standards) as set forth in Title II of the ADA for the program or service for which they receive a grant.

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## ADDITIONAL ASSURANCES---STATE PROGRAMS

- a) The grantee will administer the program in accordance with the Revised School Code of 1995 and the State School Aid Act, in accordance with the State Board of Education approved criteria for School Improvement/Professional Development plans, and in accordance with the approved application.
- b) The grantee will keep records and documentation sufficient to demonstrate compliance with the requirements of the Revised School Code of 1995 and the State School Aid Act, and the State Board of Education approved criteria for School Improvement/Professional Development plans, and will provide such information to the State as may be required for fiscal audit and program evaluation.

### AUDIT REQUIREMENTS

All grant recipients who receive \$300,000 or more in federal funds from all sources are required to have an audit performed in compliance with the Single Audit Act. (*Effective November 1996.*)

## ASSURANCES AND CERTIFICATIONS (Continued)

### -- SPECIFIC PROGRAM ASSURANCES --

#### **PART B (Continued)**

Initiation and continuation of funding is contingent upon satisfactory fulfillment of the following assurances. Inability to fulfill any or all of these assurances could result in a reduction or discontinuation of funding.

##### Data Reports

*Quarterly* and *End-Year Data Reports* will be required of all grant recipients including required data collection and a final report of the program's objectives and results.

##### Year-End Reports

A year-end data and narrative report must describe how well the agency met the goals, objectives and service/work plan outlined in the application.

##### Financial Reports

Monthly financial status reports will serve as both a report of monthly expenses and as the invoice for payment of expenses incurred.

##### Final Report

Grantees will be required to submit a final written report within 60 days of the grant ending date.

##### Compliance with School Code and School Aid Act

All intermediate school districts and local school districts must comply with all Michigan School Code regulations and as well as the School Aid Act of 1976. See Attachment X for specific language related to these regulations.

##### Program Requirements

Grantees are required to meet all Minimum Program Requirements outlined in Attachment X.

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SIGNATURE OF SUPERINTENDENT OR AUTHORIZED OFFICIAL

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DATE

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## **PART C -- GRANT PROGRAM DETAILS**

### **1. TABLE OF CONTENTS**

Provide a table of contents with corresponding page numbers. Number each page of the application.

### **2. PROJECT ABSTRACT/SUMMARY (10 points)**

Explain briefly the organization's history of administering a teen health center program; the need for the proposed program and the target area and population the program will serve including the number of unduplicated youth expected to be reached in the first year of funding; the major program goals and expected outcomes; the proposed programming including a description of where services will be provided (if a clinical model, include a brief description of the clinic space); the total amount of local resources which will be applied to the project and how they will be used; and the key people who will be involved with the project. Provide **NO MORE THAN A THREE PAGE**, single-spaced summary of the proposal. Attach pages to the application with the heading labeled "Project Abstract/Summary." **Please see the Grant Announcement Instructions for Teen Health Center Grants for additional details to respond to this section and rubric for earning points.**

### **3. ASSESSMENT OF NEEDS (35 points)**

Documents from multiple sources on the lack of accessible and youth-acceptable services in the geographic area proposed to be served. The need/demand for services must be well documented. Proposals failing to meet this criteria will not be considered for funding. The following information must be included: a map of the proposed service area; descriptive and demographic information of the service area; characteristics of the target population; and data/results of a health survey to identify the target population's health needs; and current letters documenting the lack of services. **Please see the Grant Announcement Instructions for Teen Health Center Grants for additional details to respond to this section and rubric for earning points.**

### **4. COMMUNITY EXPERIENCE (30 points)**

Briefly describe the community's historical commitment, provide evidence of the organization's ability to accomplish the work plan and manage a grant program of similar size and complexity, describe services provided which are the same or similar to the proposed services, and summarize present or past experiences in mobilizing, establishing and maintaining a community-based, broadly representative local advisory committee with a health-related mission. **Please see the Grant Announcement Instruction for Teen Health Center Grants for additional details to respond to this section and rubric for earning points.**

### **5. COMMUNITY COLLABORATION/SUPPORT (30 points)**

The proposal should provide a description of the available community resources which will help sustain the proposed program (both hard match and/or in-kind services), a listing of collaborative and referral arrangements which will be utilized for the proposed programming, a minimum of five (5) letters of endorsement for the proposal, and evidence of the involvement of local agencies or community members in the proposed program should also be included. **Please see the Grant Announcement Instructions for Teen Health Center Grants for additional details to respond to this section and rubric for earning points.**

### **6. ADVISORY COMMITTEE STRUCTURE, MEMBERSHIP, and ACTIVITY (15 points)**

Describe the current or proposed structure of the committee including membership, leadership, sub-committees, activities, procedures for developing/approving policy and frequency of meetings. Provide a copy of the existing or the potential advisory committee membership list in the attachments. **Please see the Grant Announcement Instructions for Teen Health Center Grants for additional details to respond to this section and rubric for earning points.**

### **7. ORGANIZATIONAL STRUCTURE (25 points)**

Describe the administrative and organization structure within which the program and the advisory committee will function. Describe the number of staff and/or volunteers who will provide the proposed services including a description of the skills/qualifications necessary. See the attached minimum program requirements for a description of required providers and clinical hours of operation (MPR #9, #10, and #11). Briefly describe the staff development opportunities that will be made available to the staff or required of them. **Please see the Grant Announcement Instructions for Teen Health Center Grants for additional details to respond to this section and rubric for earning points.**

## **PART C -- GRANT PROGRAM DETAILS (Continued)**

### **8. SERVICE/WORK PLAN (50 points)**

Services proposed to be provided should be fully and clearly described for the period **October 1, 2002 through September 30, 2003**. List the overall program goal(s), and measurable, time-framed objectives. Objectives should be realistic and address the needs of the target population. Describe how youth input will occur and how services will be youth-friendly and acceptable to youth. **Please see the Grant Announcement Instructions for Teen Health Center Grants for additional details to respond to this section and rubric for earning points.**

### **9. FINANCIAL PLAN (15 points)**

The financial plan should be sufficient to achieve the proposed project, but not be excessive. A minimum local match of 20 percent is required. The match can be reached either through cash contributions (hard match) or in-kind resources, such as donated space or time (soft-match). **Please see the Grant Announcement Instructions for Teen Health Center Grants for additional details to respond to this section and rubric for earning points,**

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## **PART D -- NARRATIVE PROGRAM DESCRIPTION**

### **Michigan State Board of Education Grant Strategic Goal and Strategic Initiatives (25 points)**

The State Board of Education has adopted its Strategic Goal "Attain substantial and meaningful improvement in academic achievement for all students, with primary emphasis on chronically under-performing schools." In addition, the State Board has adopted the following five Strategic Initiatives to implement the goal:

- 1) Ensuring Excellent Educators.
- 2) Elevating Educational Leadership.
- 3) Embracing the Information Age.
- 4) Ensuring Early Childhood Literacy.
- 5) Integrating Communities and Schools.

To the greatest extent possible, not more than one page in length, explain how one of the five Michigan State Board of Education strategic initiatives will be addressed through the Teen Health Center grant.

PART E. BUDGET

INSTRUCTIONS: The Budget Summary (1) and the Budget Detail (2) must be prepared by or with the cooperation of the Business Office using the Michigan School Accounting Manual (Bulletin 1022).

1. BUDGET SUMMARY CFDA NUMBER: 8 4 . 2 1 3 C

LEGAL NAME OF APPLICANT					
RECIPIENT CODE	GRANT NUMBER	PROJECT NUMBER	PROJECT TYPE	ENDING DATE	FY of Approved Activity
	0 2 8 2 2 8	0 2 8 2 2 8-T C 0 3	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> 2 Carryover	M M D D Y Y 0 9 3 0 0 3	2003

BUDGET: OBJECTS:

FUNCTION CODE	FUNCTION TITLE	SALARIES 1000	BENEFITS 2000	PURCHASED SERVICES 30000, 4000	SUPPLIES & MATERIALS 5000	CAPITAL OUTLAY 6000	OTHER EXPENSES 7000, 8000	TOTAL
110	Instruction -- Basic Programs							
120	Instruction -- Added Needs							
130	Instruction -- Adult/Continuing Ed.							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
240	School Administration							
250	Business Services							
260	Operation and Maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
290	Other Support Services							
300	Community Services							
	SUBTOTALS (sum of ALL lines above)							
400	Outgoing Transfers & Other Transactions							
999	INDIRECT CHARGES --NOT ALLOWED--							
TOTAL EXPENDITURES								

TOTAL AMOUNT REQUESTED

TRANSACTION PURPOSE:	AMOUNT OF CHANGE
<input checked="" type="checkbox"/> Original	(Use minus sign preceding decreases)
<input type="checkbox"/> 2 Amendment	\$ _____

DATE	BUSINESS OFFICE REPRESENTATIVE (Type or Print)	SIGNATURE
DATE	PROJECT CONTACT PERSON (Type or Print)	SIGNATURE
	Elizabeth Coke Haller	
DATE	M.D.E. CONTACT PERSON (Type or Print)	SIGNATURE

MDE certifies the application is complete and meets the program requirements set forth in statute.

2. BUDGET DETAIL ---

Explain each line item that appears on the Budget Summary, using the indicated function code and title, on a plain sheet.